



# Town of Felton

P.O. Box 329  
Felton, DE 19943

Phone 302-284-9365  
Fax 302-284-3449

rgreene@townoffelton.com

## Contractors License Application

This application must be completed and turned into Town Hall located at 24 E. Sewell Street. ***A copy of your Delaware Business License and Liability Insurance must accompany this application.***

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone – Business: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

By signing this form I agree to:

1. Uphold all Felton Ordinances.
2. I do not have any outstanding delinquent debt with the Town.
3. All information on or attached to this application is true and correct to the best of my knowledge. I know that if any false information is on this application I may be subject to criminal proceedings under Title 11, Chapter 5, Subchapter III, Subpart F of the Delaware Code.
4. I understand that my license can be revoked by the Town Manager with just cause.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Fee of \$100 is due at time of application.***

This license is valid from July 1, 2014 to June 30, 2015.

The fee will not be prorated.

Reviewed by: \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_